

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532726

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2	1							52					
3		1						53					
4	1							54					
5		1						55					
6	1							56					
7		1						57					
8	1							58					
9		1						59					
10	1							60					
11		10						61					
12	1							62					
13	1							63					
14								64					
15	1							65					
16		1						66					
17	1							67					
18		1						68					
19	1							69					
20		1						70					
21	1							71					
22								72					
23	D	6						73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2												
TOTAL DEP.	37												
TOTAL CLAIMS	39												